Volume XLVII No. 1: Marking 47 Years of Service to Healthcare Engineers

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Special Inserts in This Issue:
*Codes and Standards*
*Engineer of the Year Criteria*
*Nominate an Engineer of the Year*
*Register for Spring Seminar*
*Vendor Partner Letter*

2005 Spring Seminar on March 25 Will Continue
The NEHES Tradition of Educational Excellence

Be sure to register early!

By Mark C. English, CCE, SASHE, CHFM
Senior Engineer
Hartford Hospital
Hartford, CT,
Chair, NEHES Archives Committee,
Co-chair, Steering and Bylaws Committee,
Member, Spring Seminar Planning Committee

At the time of the February 11 publication deadline for this article, your Spring Seminar Planning Committee has been working diligently to develop the educational program and work out the logistics of this annual NEHES event. Hosted by the Connecticut Healthcare Engineers Society and scheduled for Friday, March 25, 2005, the seminar will be held at the Sheraton Four Points Hotel and Conference Center, located at the junction of Routes 2 and 12 in Leominster, MA. The brochures have been mailed to and received by over 750 individuals in the New England region. There are currently 10 vendor partners signed up to have booths set up adjacent to the lecture room, and we are actively soliciting additional participants and sponsors.

This year’s educational format consists of three sequential tracks starting with a discussion of Six Sigma concepts in the delivery of construction performance led by Dr. Dean T. Kashiwagi, Director of the Performance Based Studies Research Group at Arizona State University. He is a leading expert and researcher in performance and

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The deadline for nominations is May 1!
Recognition is an Important Mission of NEHES:
Take Part in Selecting the 2004 Engineer of the Year

By Gene Cable, PE, FPE
Regional Safety and Fire Protection Engineer
Department of Veterans Affairs
Albany, NY,
NEHES Liaison to NFPA,
2003 NEHES Engineer of the Year,
Chair, 2004 Engineer-of-the-Year Committee

NEHES has established the tradition of presenting an Engineer-of-the-Year award to a deserving member in recognition of first-class work beyond the normal call to duty. This is as much a mechanism for enhancing professional development as continuing education and exchanging information. With so many deserving candidates out there, we find it difficult to choose among them and your assistance is needed.

The selection of the 2004 Engineer-of-the-Year begins now with the nomination process and will wrap up this summer with an election by the full NEHES membership. Included in this newsletter is a “fax-back” nomination form as well as a list of suggested criteria for nominating candidates.

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Spring Seminar Education Program Includes Panel Discussion on Proposed Changes to AIA Guidelines

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information-based "best value" procurement systems, the measurement of information, industry stability and sustainability, supply chain management, and outsourcing theory.

Following this discussion, a panel of regional experts in healthcare architecture and facilities management will overview and discuss the ramifications of the proposed changes to the 2006 edition of the AIA Guidelines for Design and Construction of Hospitals and Healthcare Facilities. Two of the panelists, Christopher Burney and Robert Loranger, P.E., CHFM, are NEHES members and participate on AIA committees.

Finally, Janet Bowen, EPA Region I Healthcare Sector Co-Lead, will provide insights into how facility managers can develop strategies to comply with environmental protection regulations, particularly in view of the recent regional EPA initiatives to focus on healthcare facilities.

The American Hospital Association (AHA) through the American Society for Healthcare Engineering (ASHE) has granted 0.55 continuing education units (CEUs) to this seminar, the equivalent of 5.6 contact hours and applicable toward the 4.5 CEUs or 45 contact hours necessary for renewal of CHFM certification every three years. One objective of NEHES as an organization is provide the opportunity for its members to obtain those CEUs through attendance at its Spring Seminars and Fall Conferences over the course of three years.

Registration and a continental breakfast begin at 7:30 am. There will be half-hour breaks during the morning and afternoon and lunch will be served from noon until 1:00 pm. During all of these interludes you will have the opportunity to meet several reputable and loyal vendor partners interested in providing products and services to your facility. Please visit their booths – they are vital to the success of our educational efforts.

If you have any questions regarding the 2005 Spring Seminar, please feel free to contact any member of the 2005 Spring Planning Committee:

Fred Leffingwell (Chair), CHFM:
pleffingwell@imhosp.chime.org
Paul Toburen:
ptoburen@griffinhealth.org
Steve Jalowiec, P.E.:
sjalowiec@wtbyosp.chime.org
Mark English, CCE, SASHE, CHFM:
menglish@harthosp.org,
Ron Hussey, CHFM:
rhussey@brishosp.chime.org
Chris Burney:
cburney@harthosp.org.

Take advantage of your membership in NEHES. We look forward to seeing you there! Walk-in registrations will be accepted if absolutely necessary.

Thanks to Vendor Partners

Many thanks to the following Vendor Partners who have already signed up to participate:

- CES Engineers, Middletown, CT
- Conservation Solutions, Acton, MA
- Draka USA, Franklin, MA
- Healthcare Television of New England, Whately, MA
- Infra-Red Analyzers, Williston, VT
- McMUSA, Newton, MA
- MorrisSwitzer Environments for Health, Williston, VT
- Theriault/Landman Associates, Portland, ME
- William G. Frank Medical Gas Services, Concord, NH

Be Sure to Nominate an Engineer of the Year

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Nominations can be made either by fellow members or by state or local chapters. All identified candidates will receive a questionnaire seeking more in-depth information. Once that information is received back, it will be published in the 2nd Quarter issue of The NEHES Newsletter for consideration by the entire membership.

A fax-back ballot will also be included in that newsletter, with an exhortation for all to exercise their right to vote for the candidate of their choice.

The Board of Directors will confirm the candidate selection at its September meeting, and the successful candidate will be announced at the Annual Banquet during Fall Conference October 3-5, 2005 in Burlington, VT.

Abbreviations Often Used in The NEHES Newsletter

| AHA:        | American Hospital Association |
| ASHE:       | American Society for Healthcare Engineering |
|ASHRAE:     | American Society of Heating, Refrigerating and Air-Conditioning Engineers |
|CEU:        | Continuing Education Unit |
|CHA:        | Connecticut Hospital Association |
|CHFM:       | Certified Healthcare Facility Manager |
|CHSP:       | Certified Health Care Safety Professional |
|CMS:        | Centers for Medicare & Medicaid Services |
|CPE:        | Certified Plant Engineer |
|CSHM:       | Certified Safety and Health Manager. |
|EOC, EC:    | Environment of Care |
|EPA:        | U.S. Environmental Protection Agency |
|FASHE:      | Fellow of ASHE |
|FPE:        | Fire Protection Engineer |
|GIRP:       | General Respiratory Protection Standard |
|HIPAA:      | Health Insurance Portability And Accountability Act |
|H2E:        | Hospitals for a Healthy Environment |
|IFMA:       | International Facility Managers Association |
|JCAHO:      | Joint Commission on Accreditation of Healthcare Facilities |
|NFPA:       | National Fire Protection Association |
|O&M:        | Operation and Maintenance |
|OSHA:       | Occupational Safety & Health Administration |
|P.E.:       | Professional Engineer |
|SASHE:      | Senior of ASHE |
|USP:        | United States Pharmacopeia |
President Urges Members to Attend Spring Seminar and Fall Conference This Year

By this time, you will have received the information on the 2005 NEHES Spring Seminar to be held on March 25, 2005 at the Sheraton Four Points Hotel and Conference Center in Leominster, MA. This year's Seminar is being coordinated by the Connecticut Healthcare Engineers Society (CHES). They have done an excellent job of putting together another first class offering and I encourage you to attend.

The Spring Seminar is also a great opportunity to bring healthcare engineers who are not yet members of NEHES so they can meet other members, learn what a great deal membership in NEHES is, and also participate in a seminar with information they can use.

Don't forget, if you know of someone who would benefit from membership, they can apply $25 of the seminar fee towards their membership. Just have them check to be sure they are qualified and fill out a membership form at the seminar.

Those of us who have regularly attended these seminars know that in addition to hearing about a topic we can use in our work (this year Six Sigma Concepts for Construction) we get to renew old acquaintances and network with the finest healthcare engineers in the country.

Also, this seminar offers .55 CEUs for those members who need to fulfill their CHFM qualifications.

Don't forget to make a note on your calendar for this year's Fall Conference in Vermont.

Dawn LeBaron and her committee are putting together an outstanding program scheduled for October 3-5, 2005 (golf tournament October 2) at the height of the fall foliage season.

In the meantime, the Board continues to meet on a monthly basis.

If you have any issues you think the Society needs to be aware of or that you feel would be of benefit to the members, please contact your State Representative or feel free to contact me at any time.

John Crowley, SASH is Director of Facilities Management at Saints Memorial Medical Center in Lowell, MA.

Contact him at maint.jc@stmmc.org

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The NEHES Website is Getting a New Look!

NEHES was one of the first ASHE chapters to have its own website, thanks to the efforts of long-time member Steve Custer, CHFM who created www.nehes.org in 1997.

Now the website is getting a makeover, thanks to the NEHES Board of Directors, who have given the team of Don Garrison, Newsletter Editor and Website Manager, and Ron Meldrim, Don's colleague at Franklin Community Healthcare Network, the go-ahead on the project.

Ron began work on the website a few weeks ago. "Over the next few months a new web page will be designed, incorporating some of the best features of all the other ASHE chapters reviewed as well as those things that popular websites incorporate. We will be setting up a section of the site for each state to post their information regularly," said Don, who plans to take many photos for the site himself as well as oversee the contents.

The site should be fully functional by June or July. Spring Seminar information will be posted soon on the site.

The sitemap for the website will be:

- Home
- About Us
  - Board Members
  - Member Organizations
  - ASHE
- Membership
  - Benefits
  - Sign-up
  - Questions
- Members-only, password protected
  - Directory of member names and contact information
  - Newsletter
  - Board of Directors guidelines
  - Bylaws
  - Administration

News and Events, including:
- Job Openings
- Announcements
- News
- Events, Seminars, Conferences
- Minutes from Meetings

Contact NEHES
- Address and Phone Contact
- Information
- Web Contact Forms

Resources, including:
- Education
- Regulatory Agencies
- Engineering/Healthcare Related Organizations
- State Chapters Within NEHES
- National Chapters
- Other Organizations
- Journals

For more information about the website, contact Don Garrison, Dgarrison@fchn.org

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Don Garrison (standing), Website Manager and Newsletter Editor, works with Ron Meldrim to re-design the NEHES website, www.nehes.org
Save These Dates for Fall Conference in Vermont: October 3-5, 2005

Members of the Vermont Healthcare Engineering Society have already begun planning for the NEHES 2005 Fall Conference, scheduled for October 3-5, 2005 at the Sheraton Burlington Hotel and Conference Center, Burlington, VT. The golf tournament will be held October 2.

Dawn LeBaron, Vice President of Hospital Services at Fletcher Allen Health Care, Burlington, is the Conference Committee Chair.

More information about the Conference will be available soon in The NEHES Newsletter and on the NEHES website, www.nehes.org.

Attention Business Partners/Sponsors:

This year’s Vendor Chair is Peter Irving, the Electrical/Equipment Manager at Fletcher Allen Health Care, Burlington. Peter is currently developing the partner solicitation letter. Unsolicited interest has been brisk.

His contact information is:

Peter Irving
Electrical/Equipment Manager
Fletcher Allen Health Care
11 Colchester Ave.
Burlington, VT 05401
Phone, (802)847-3691;
Fax, (802) 847-4388;
Peter.Irving@vtmednet.org

Other VHES Planning Committee contacts are:

- Hotel and Meals: Dawn LeBaron,
  CHFM, dawn.lebaron@vtmednet.org.
  Dawn has received menu items and has begun development of choices.
- Education: Ray Forssel, raymond.forsell@its.uvm.edu

An "Archivist's Gold Mine" Turns up at Home of Former NEHES President Richard Popham

By Mark C. English,
CCE, SASHE, CHFM
Senior Engineer
Harford Hospital
Harford, CT,
Chair, NEHES Archives Committee,
C-chair, Steering and Bylaws Committee

Dear Fellow Board Members,

I had the opportunity to meet with 1987 NEHES President Richard E. Popham on January 27. Out of the blue he had called President John Crowley wondering if anyone in NEHES might be interested in materials he had been storing for upwards of two decades.

An archivist's gold mine! And from some of the NEHES archival materials I had already seen, I knew he was a history buff as well.

He gave me two red customized 1-ring binders filled with newsletters, one of which went back to the beginnings of the Society. The following issues filled in the earliest gaps in our current newsletter library: October 1961 [Volume III No. II]; February 1962 [Volume IV No. I]; May 1962 [Volume IV No. II]; September 1964 [Volume VI No. II]; February 1969 [Volume XI No. I]; and March 1968 [Volume XXX No. I].

Those of you who are philatelists might appreciate this anecdote: you may be familiar with the famous 1918 airmail stamp invert error where the picture of the biplane at the center of this U.S. postage stamp was accidentally printed upside down. The June 1961 issue [Volume II No. II] in Dick's collection includes an article about then-President Joseph W. Degen with an inverted photo-graph of Mr. Degen at the top of the column and a hand-written note: "Just for Joe", "Limited Issue."

There is a memo written by Newsletter Editor Warren Marble on September 1, 1965, which specifies how newsletters were to be numbered [i.e. volume, number]. Our current scheme is consistent with those specifications, although over the years the newsletters have not always been labeled consistently. We've done well of late and the 1st quarter 2005 newsletter will be Volume XLVIII No. I. Remember, our golden anniversary [Volume I] occurs in just 3 years!

The material also includes a proposal written by Dick which addresses a topic which has been sticking in my craw ever since becoming a NEHES member: the apostrophe at the end of the word Engineers. It appears Connecticut did not adopt his proposal whereas New England did. I am including his dissertation as an attachment for your reading pleasure.

Dick and his wife live in a beautiful home in Harwinton, CT, about 17 miles west of his former employer, the University of Connecticut Health Center. Since his retirement in 1988 he has served on many town committees, although some of his memories relating to political aspects are not exactly what you would call "fond". As an octogenarian, however, he still exhibits tremendous enthusiasm for two hobbies near and dear to his heart: tractor-pulling and the growing of giant pumpkins. I was fascinated by his stories and insights and learned a great deal about both subjects.

He has also indicated he may have additional NEHES materials, and needless to say I told him I would be greatly interested should he want to clear some additional space at home. I'll keep you posted.

Dick sends his regards to all NEHES members, and especially those he knew from his days as a member, Board member, and officer.

Subject: Apostrophization of The Connecticut Hospital Engineers’ Society’s Title

When the old "Past Presidents" are relegated to the Steering Committee, they sometimes get possessive about the Society and may get overly concerned about the possessive case and its proper punctuation. "Webster" says, "An apostrophe and 'S' is usually added to a noun to indicate ownership or a relation analogous to ownership as used on the noun 'Society's' in the subject of this proposal. However, the 'S' of the possessive is often dropped from the possessive nouns already ending in an 'S' or 'Z' sound as used on the noun Engineers", also in the subject of the proposal.

Whereas this punctuative, possessive form is a survival of Old and Middle English and is still proper today, I propose that the Connecticut Hospital Engineers’ Society’s title be modified to include the appropriate apostrophe after the plural noun Engineers", indicating the possessive case.

Further, I propose that in the future all By-laws, Letterhead, Format, Plaques, Banners, etc., include this apostrophe as is proper.

Respectfully submitted,

(signed) 10/14/82

Richard E. Popham
Member of the Steering Committee
Welcome New Members!

Several other healthcare professionals have also joined NEHES, their names and contact information will be published in the next issue of The NEHES Newsletter.

Jim Bayerle
Central Plant Chief Engineer
Fletcher Allen Health Care
111 Colchester Ave.
Burlington, VT 05401
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James.bayerle@vtmednet.org
Active Member: NEHES

Peter Beltz
Mechanical Engineer
Kohler Ronan Consulting Engineers
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Danbury, CT 06810
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Pbeltz@kohlerronan.com
Supporting Member: NEHES
Member: ASHRAE

Kristi Bogner
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Active Member: NEHES

Cliff Browning
Sales Engineer
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Natick, MA 01760
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Supporting Member: NEHES

Ryan Crosbie
Compliance Specialist
Jacques Whitford Company, Inc.
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Portland, ME 04101
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46 Miller Lane
South Burlington, VT 05403
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Heery International, Inc.
21 Paula Lane
Waterford, CT 06385
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Member: ASHE

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Debbi@dietzarch.com
Supporting Member: NEHES
Member: AIA

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Mking@pine-environmental.com
Supporting Member: NEHES

Sean Petone
Electrician
Main Medical Center
Areas of responsibility: Facilities Management, Safety, Maintenance, Construction
Phone: (207)862-8166
Petons@mmc.org
Active Member: NEHES
Member: Maine Healthcare Engineers Society

Sherri Rullen
Director of Architecture
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44 Binney St.
Boston, MA 02115
Areas of responsibility: Facilities Management, Project Management, Construction,
Architectural Design
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Sherri_rullen@dcli.harvard.edu
Active Member: NEHES
Member: ASHE, AIA

Bruce Schmutter
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Windowman Inc. (USA)
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Phone: (718)246-2626
Bruce@windowmanusa.com
Supporting Member: NEHES
Member: ASHE, NFPA

Wendy J. Smigelski
Life Safety Code Specialist
State of New Hampshire
Department of Health and Human Services
Office of Program Support/Health Facilities Administration
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Waterwitch@aol.com
Active Member: NEHES
Member: NFPA, International Association of Arson Investigators, New Hampshire Fire Prevention Society

Honorary Member Would Love to Hear from Colleagues
Many of us fondly remember Tom Shubbuck, a long time member of NEHES from Connecticut, now an honorary member of NEHES. He currently resides in Las Vegas, NV with his wife, Karen.
Tom is recuperating at home after an extended illness and would appreciate hearing from other members. He is still an avid reader of the Newsletter and enjoys hearing about the activities of the Society.
A note or e-mail would be appreciated.
Tom and Karen Shubbuck
8628 Grandbank Drive
Las Vegas, NV 89145
tom@woolwhisperer.com
Karen@woolwhisperer.com

Submitted by NEHES President John Crowley, SASHE

Update Your Contact Information
Have your newsletters or other NEHES mailings been forwarded to you?
If your e-mail address, phone and/or fax numbers, facility name, mailing address, and/or job title have changed, please send changes and corrections ASAP to NEHES Executive Secretary Margaret Yip at Myip@tufts-nemc.org
NEHES Chapter Reports

Connecticut Healthcare Engineers Society (CHES)
The Connecticut engineers continue to meet regularly as part of the Connecticut Hospital Association Executive Engineers Meeting Group. The January meeting was canceled due to inclement weather. The next meeting is scheduled for February 16, 2005.
Submitted by Steve Jalowiec, P.E., CHES Representative to NEHES, sja-
lowiec@wthbhospi.chime.org

Maine Healthcare Engineers Society (MHES)
Maine engineers elected new officers for the coming year at their September meeting. They are:
President - Randy Hussey, Eastern Maine Medical Center
Vice President - Joey Bard, Northern Maine Medical Center
Treasurer - Gary Gerow, St. Joseph Healthcare
Secretary - Mitt Dudley, CPE, Inland Hospital
NEHES Representative - Mitt Dudley, CPE
NEHES Alternate - Mike Bradstreet, The Acadia Hospital

We voted to increase the annual scholarship from $200 to $500. At the September meeting, Stan Quinn, State elevator inspector, gave a presentation and fielded questions from a very interested group. The next meeting will be October 29 at the Maine Hospital Association. Greg Frazier, Assistant Chief Boiler Inspector for the state, will answer our questions about new boiler attendance rules, their interpretation, and enforcement.
Submitted by Mitt Dudley, CPE, Maine Representative to NEHES, m Dudley@emh.org

New Hampshire Society of Healthcare Engineers (NHSHE)
The New Hampshire Engineers continue to meet monthly. The January meeting was held at the New Hampshire Hospital Association Building in Concord.

Business Action Items were developed, they are as follows:
Membership: Building the membership will be a focus for 2005. We have approximately 30 members but there are many healthcare facilities that are not represented. Thoughts were that we could do a mailing to each facility describing the Society and its goals. We would also include the 2005 education agenda in hopes that it may entice some folks to join, and possibly make some current members more active. To that end, having an interesting and relevant educational agenda is paramount.
Education: NHSHE members agreed to include EPA Compliance for Healthcare Facilities on its 2005 agenda. The important pieces are as follows:
1. The objective at the end of the program is to ensure each facility to come away with an EPA Compliant Plan for all required components.
2. The registration cost is still to be determined.
3. EPA Compliance Modules would be 1 2 day in length, commencing at 9 am and wrapping up by lunch. Any Modules that need to run longer than noon will require lunch to be brought in.
4. Wherever possible we will couple any Modules that are complimentary, e.g. UST's and SPCC.
5. We will recruit outside speakers for each Module.

Tentative Modules are:
1. Module I -- The NHDES Assessment Tool (Sara Johnson) -- February 11, 2005
3. Module III -- UST's and SPCC -- April 8, 2005
4. Module IV -- Clean Air Act (CAA) and Clean Water Act (CWA) -- May 13, 2005
5. Module V -- Federal Insecticide, Toxic Substance, Right to Know -- June 10, 2005
6. Module VI -- Completion of EPA Compliance Plan -- August 12, 2005

Thoughts were to publish a brochure highlighting the program and send it to all New Hampshire healthcare facilities. It was further thought that the EPA Compliance program could serve as the lever to get more New Hampshire Healthcare Facilities Members involved in NHSHE (membership focus objective). Registration for the EPA Compliance Program could include a one-year NHSHE membership.

My opinion is the group has selected some excellent leaders that bring energy and balance to our organization. Specifically, Phil Chaput and Dave Dagenais bring new energy and Steve Cutter has all the experience needed to balance the team.

Meeting Dates 2005
January 14
EPA Compliance Program Planning/ Concord

February 11
EPA Compliance Module I/Concord

March 11
EPA Compliance Module II/Concord

March 25
NEHES Spring Seminar/Lancaster, MA

April 8
EPA Compliance Module III/Concord

May 13
EPA Compliance Module IV/Concord

June 10
EPA Compliance Module V/Concord

August 12
EPA Compliance Module VI (Wrap up)/ Concord

September 9
Facility Tour -- TBD

October 14
Facility Tour -- TBD

November 4
Nominations / Education Calendar for 2006/ Concord

December 16
Holiday Luncheon

Elections of Officers for 2006

Approval of the Education Calendar for 2006

The 2005 NHSHE officers are:
President -- Phil Chaput, Dartmouth-Hitchcock Medical Center
Vice-President -- Steve Cutter, DHMC
Secretary/Treasurer -- Dave Dagenais, Wentworth Douglas Hospital
State Representative to NEHES -- Steve Shaw, Southern New Hampshire Medical Center
Alternate State Representative to NEHES -- Steve Cutter

Submitted by Stephen Shaw, New Hampshire Representative to NEHES, stephen.shaw@snmc.org

Rhode Island Healthcare Engineer Society (RIHES)
We had our election of officers for the next two years.
President -- Louis Pavao, Rhode Island Hospital
Vice President -- Don Croteau, Landmark Medical Center
Secretary -- Jeff Chalut, Rhode Island Hospital
Treasurer -- Jim Gilmore, Newport Hospital

Our next meeting is scheduled for January 14, 2005. At this meeting we will be setting up a schedule of speakers for future meeting. We will also be discussing the recruiting of new members.

Submitted by Don Croteau, Rhode Island Representative to NEHES, Dcroteau@landmarkmedical.org

South Shore Healthcare Engineering Society (SSHES)
SSHES met November 19, 2004 at Sturdy Memorial Hospital. The sponsor of the meeting was Don Leonard of Monitor Builders, who spoke on revisions and changes to the Life Safety Code. Don Baptiste was very gracious to invite us to his facility.
Other topics of discussion covered at the meeting were:
1. SSHES Bylaws.
2. Strategies to increase membership

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Guidelines for Confidential Paper Disposal Management

By Laura Brannen
Co-Director
Hospitals for a Healthy Environment

The Health Insurance Portability and Accountability Act (HIPAA) requires healthcare facilities to establish written policies and procedures for implementation of privacy and security measures to protect the confidentiality of protected health information (PHI). This includes not only the development of policies concerning "end-of-life" disposal and destruction of confidential paper documents and electronic equipment, but also contracting for these and related services. Materials managers need to understand the special obligations and options of managing confidential materials. Even managing forms contracts can impact the generation of confidential documents.

The Hospitals for a Healthy Environment program attempts to help healthcare facilities meet the intent of HIPAA in a manner that promotes the recycling of paper and electronics to improve environmental performance in ways that are financially responsible and sustainable. H2E's comprehensive HIPAA Guidance document includes appendices with, for example, sample certificates of destruction, due diligence forms, and other helpful documents (see sidebar.) H2E's 10-Step Guide to Electronics Recycling also provides a comprehensive list of considerations for electronics recycling at http://www.h2e-online.org/pubs/Publications/HealthierChoices.pdf.

This article will focus on confidential paper disposal management.

What HIPAA says and doesn't say about the management and disposal/destruction of confidential paper

HIPAA regulation does not dictate specific means or provide guidance on acceptability of methods of destruction for confidential materials. HIPAA does require, however, that organizations assess the risks of privacy disclosures and implement security policies, procedures, and contracts that will provide a reasonable level of safeguards to protect privacy.

Confidential document destruction options

There are three options for destruction of information: pulping (or recycling), shredding, burning, or some combination. H2E does not recommend burning as 1) it does not promote source reduction and 2) it has more negative environmental and health considerations than recycling.

Source reduction of confidential documents -- creating less paper waste in the first place -- is the best way to eliminate exposure of confidential materials and reduce the cost of disposal. Ask,

Does this document need to be created in the first place? Do the forms being used generate unnecessary copies of confidential materials? Are there unneeded printed reports from computer services and the lab?

Assess opportunities to significantly reduce paper generation, including the use of electronic documents. All staff can participate in the conscious decision to prevent the creation of waste material. Assess opportunities to significantly reduce paper generation, including the use of electronic documents. All staff can participate in the conscious decision to prevent the creation of waste material.

Recycling is an effective way of destroying documents. Recyclable papers can be collected in secured accessible bins, stored in a secure holding container/area, then sent off-site for recycling/destuction. One approach is to treat ALL recyclable waste paper as confidential -- a "Universal Precautions" approach to paper -- accomplishing three objectives: minimizes the need for staff to determine if a piece of paper is confidential, fully destroys the document, and minimizes environmental impact by encouraging recycling efforts.

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H2E HIPAA Guidance Document

http://www.h2e-online.org/tools/waste_hipaa.htm

Appendices on the above website include:

A: Electronic media data destruction alternatives
B: Sample Certificate of Destruction
C: Due Diligence - Annual Audit of Confidential Paper Recycling
D: Sample Facility Assessment
E: Considerations of Shredding Onsite
F: Sample Administrative Policy and Procedures
G: Sample Confidentiality Agreement facility and vendor
H: Sample "General Terms and Conditions" with facility and vendor

NEHES Chapter Reports

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3. A recent JCAHO Survey recently performed at Southcoast Hospitals Group.
4. Dates and possible locations for next year's meetings
5. EPA Regulations.
Although 2004 was not a banner year for the group, Bob Crepeau and I will try to make 2005 a more active and productive year for the SSHEMS membership. We have just started our annual renewal/new membership drive. SSHEMS' next scheduled meeting will be held on February 18, 2005, at St. Luke's Hospital in New Bedford, MA. The sponsor of the meeting will be Mr. Mike Irons, a Fire Protection Specialist from Hilti, Inc.

The intent of the presentation is to empower Facilities Managers and/or Assistants to manage the work being performed in their facilities. Mr. Irons will provide resources and training so that UL Listed firestop drawings and other documentation can be generated. These UL Listed documents can then be added to be the Statement of Conditions as proof that the work has been performed properly and with the proper materials. I have had the opportunity to briefly view a small portion of the presentation. I am very impressed with the content of the materials, the tools that are going to be provided, and how it is going to help the attendees perform some of their duties more efficiently.

SSHEMS is currently working on its membership drive. We have 30 individuals who have verbally committed to renewing their membership or have agreed to join. Of these 30, approximately one half have paid their membership dues. We are still very optimistic for large attendance at our next meeting.

Submitted by John P. Duraes, South Shore Representative to NEHES, duraesj@southcoast.org
Collect and Report Data No Matter What Recycling Method(s) are Used

(From Page 7)

Risk assessments
A facility assessment can help determine your facility’s data collection and disposal infrastructure, which will in turn help you formulate operational and policy requirements that you will need to implement to meet HIPAA requirements. For example, identify areas in your facility where confidential documents may be stored or disposed of, and for each area determine what appropriate measures are needed to protect the confidentiality of the documents.

Locked versus unlocked bins
Unlocked recycling bins should be used for paper recycling in those areas that are inaccessible to patients and public. Whether paper waste is newspaper, magazines, junk mail, or Protected Health Information (PHI), all paper recyclables should go into recycling bins conveniently located near every location where paper is generated. Remember that busy clinicians may not take the time to walk their paper to the closest bin. A comprehensive program is only as good as the level of participation from staff so make it easy for them!

Locked bins may be used in areas that are accessible to patients/visitors. But remember that locked bins typically add additional costs and may not be necessary. The risk assessment will help assess the risk of disclosure in every area of the facility.

To shred or not to shred
Shredding onsite as a method of information destruction is no doubt very effective but it’s also expensive and labor intensive. If other options are available, it may not be necessary. Facilities can shred onsite with small, departmental shredders and in a centralized area using a large, industrial centralized shredder. Facilities may also opt to minimize shredding on-site by working with a recycling hauler that provides secure services. Shredding off-site (or mobile on-site shredding systems) is another option. Typically, hauliers pick up the paper from a central point at the facility and either shred on-site in mobile units or transport it to a bulk shredding facility. These firms fall under the category of destruction firms, and they should always provide a certificate of destruction. Using the Due Diligence Audit combined with the Facility Assessment will help facilities weigh the options and come up with a combination of services that balances cost, security, and recycling as a preferred option.

Contracting with paper destruction companies
Document destruction contracts should include documentation of hauling and a certificate of destruction to verify that the material was sent directly to a specified locale on a specific date and was destroyed on a specific date. Another approach is to perform due diligence on the paper recycler to ensure their processes of handling and processing paper are carried out in a manner that meets confidentiality standards for security. It is extremely important to work closely with your Risk Management Department and your vendors to ensure this option meets with the intent of HIPAA while protecting your facility. (See sidebar on Codes Page 7 for sample audit forms and certificates).

Tracking and reporting on your program
Whatever method you use, collect and report on your data. Monitor your waste — if confidential materials continue to be found in the trash, tighten up your system by increased education and adding more recycling bins. Report back to staff about how you’re doing and how much paper is being collected and recycled. Recycling 1 ton of paper saves 17 trees so let your staff know how many trees you are saving every year. Keep recycling markets strong; close the loop, and purchase copy paper that is PCF (process chlorine free) with a minimum of 30% post-consumer recycled content.

H2e recommends that all paper be recycled, or shredded then recycled, to ensure proper destruction and minimize environmental impact.

Member in the News
Steve Carbery, Executive Project Director at Greenwich Hospital, Yale New Haven Health, in Greenwich, CT, was among the healthcare facility professionals interviewed for a recent article in Health Facilities Management magazine.

The article, "Data-Driven Design," discusses the challenges healthcare facilities face when planning new IT construction or renovation projects.

Steve shared information about the construction of a data center at his facility.

The article can be viewed at: http://www.hfmmagazine.com/hfmmagazine/hospitalconnect/search/article.jsp?dcpath=HFMMAGAZINE/PubsNewsArticleGen/data/0501HFM_FEA_CoverStory&domain=HFMMAGAZINE

Important Dates

2005 DATES---------------------------------
March 6-9, 2005
International Conference and Exhibition on Health Facility Planning, Design and Construction
Nashville, TN

March 25, 2005
2005 NEHES Spring Seminar
Four Points by Sheraton Leominster Hotel
Leominster, MA

July 10-13, 2005
42nd ASHE Annual Conference and Technical Exhibition
Anaheim, CA

October 3-5, 2005
2005 NEHES Fall Conference
(Golf tournament October 2)
Sheraton Hotel
Burlington, VT

Did you nominate a candidate for Engineer of the Year?
Lessons Learned from Fatal Medical Center Fire in 2004: Expedite Replacement of all Recalled Central Sprinkler Heads and Revise Nursing Emergency Management Plans

By Gene Cable, PE, FPE
Regional Safety and Fire Protection Engineer
Department of Veterans Affairs
Albany, NY,
NEHES Liaison to NFPA,
Chair, Engineer-of-the-Year Committee

Editor's note: This story is based on a report by Michael Cavanagh, Department of Veterans Affairs, Network 12 Safety and Health Manager

On Sunday, August 29, 2004 at approximately 4:35 pm, a fire occurred at Hines Veterans Affairs Medical Center (near Chicago) within an 11th floor patient room, most likely caused by a patient smoking in bed, resulting in one patient fatality and one nurse sustaining minor burn injuries. The entire 11th floor was evacuated.

At the time of the fire, Patient #1, who had long hair and a full beard, was receiving oxygen at 4 liters per minute delivered through a nasal cannula. He had apparently drawn the privacy curtain next to the bed in order to smoke. Nurse M. was returning to the 11th floor East nurse's station when she heard screams for help. She ran to the fire room and saw Patient #1 tossing back and forth across his bed with his face and upper body on fire. Both Patient #1 and his roommate, Patient #2, were screaming for help.

Nurse M. grabbed a blanket from the foot of the bed and tried to extinguish the flames on Patient #1. The bed linens and oxygen tube were also burning, with flames approximately 1 foot high. Nurse M. had to disconnect Patient #1's IV tubing and lower him to the floor to drag him out of the room, which was filling with smoke. When they got into the hall, the nurse noticed the patient's diaper was still burning, and she took time to smother it.

Nurse M. then re-entered the fire room to rescue Patient #2, who had moved from his bed to a wheelchair. The smoke in the room was so thick by this time that Nurse M. had to call out to find him. She crawled over to the patient's wheelchair, backed him out of the room, and closed the door to confine the fire. (Excellent job!) At this time, the sprinkler system had not yet operated.

Nurse M. then ran to the 11 East picture by Hines VAMC Police - standing at foot of bed looking at head nurse's station and activated the fire alarm pull station. The fire alarm system had already activated by a smoke barrier smoke detector near the fire room. A respiratory therapist arriving on the 11th floor to deliver therapy heard Nurse M. call out "Fire!" and ran to the scene. The Respiratory Therapist pulled Patient #2 from the "blackish water" in the corridor (coming from the fire room). Nurse J. arrived from the far end of 11 East, and together they placed Patient #1 on a transport cart and a second respir-

Facility's JCAHO Inspection Has A Few "Hot Spots;"
Otherwise, It's Business as Usual

Editor's note: The author of this article preferred to remain anonymous.

In January 2005, our hospital had a JCAHO inspection. The Administrator who was part of the team had been an inspector for a number of years and had attended the JCAHO surveyor training earlier in the month.

This recent training was evident in his areas of emphasis.

Fire Dampers: The inspector wanted to see the inventory and/or print documenting the locations of the fire dampers. He discussed the program and asked what percentage of the dampers did we actually

(To Codes Page 2)
Nurse Lauded as Heroine After Returning to Burning Room to Get Patient #2

(From Codes Page 1)

atory therapist took him to the Emergency Department.

Police Officer S. was dispatched to the 11th Floor in response to the fire alarm. She could see and smell smoke and notified the police dispatcher that there was an actual fire in progress. She told visitors to exit the floor and knocked on doors to make sure everyone was out. Another nurse from 11 East returned to the floor after transporting a patient for a CT scan, and assisted in the evacuation of other patients on the floor. Others came to help and the evacuation proceeded in a well-controlled manner, first to the elevator lobby, then either down to the hospital lobby or to other nursing units.

The Broadview Fire Department arrived and shut down the oxygen zone valve serving the fire room. They entered the room and determined that patient # 1’s bed was still on fire. They discovered that the drawn privacy curtain around Patient #1’s bed was preventing water from the two sprinklers located on the east side of the room from extinguishing the fire. The curtain was fire resistant with the large 1/2 inch mesh opening 18 inches down from ceiling (VA uses 5/8 by 3/8 mesh opening). They pulled back the privacy curtain and dragged the bed to the east side of the room where it was extinguished by the sprinklers. The Fire Department then broke out the three room windows and assisted hospital staff in clearing smoke from the floor.

According to the medical examiner’s preliminary report, the cause of patient # 1’s death was terminal burns due to clothing fire, cancer of the lung, and accident. Nurse M. suffered burns on her arm as a result of her efforts in rescuing the two patients from the burning room. It is very likely that Nurse M’s. brave actions in returning to the burning room saved patient #2’s life.

The building is fully protected with quick response sprinklers but at the time of the fire still had the recalled Central GB Sprinklers. All three sprinklers in the room activated but the one nearest Patient # 1’s bed failed to operate. The glass bulb burst but it was stuck shut and did not flow water.

The bed type was Hill-Rom Centra electric bed with (Skil Care) foam mattress.

There were several lessons learned, two are mentioned here as they are particularly important:

- Expedite replacement of all recalled Central sprinkler heads in the hospital, contact TYCO for immediate action.
- Revise the Nursing Emergency Management Plan which states:

“if help is needed, Nurse Manager/designee calls for help.”
“Policy requires a person on the fire floor to call the Clinical Care Coordinator.”

The responding nurse could not call for assistance as she was involved in immediate/critically important rescue activities. The plan should be revised to automatically get more support from other units to the fire zone or at least to the fire floor as quickly as possible, especially during off tours.

The Hines VAMC was on record with TYCO and awaiting their action to replace the recalled sprinklers. All sprinkler systems, particularly within healthcare facilities, should be closely examined to identify these inferior/flawed sprinklers. These must be reported to TYCO at “O-Ring Hot Line” 1-800-871-3492. An additional phone number is available, “Central Sprinkler Voluntary Replacement Program Risk Assessment” at 1-866-505-8553. They will help you positively identify the recalled sprinklers.

Speaking of risk assessment, as evidenced by the VA fire, the majority of Central GB sprinklers will operate in a fire emergency, particularly where sprinkler system pressures are high.

It is my understanding that TYCO gives high priority to healthcare facilities when scheduling replacement work. Also, locations receive high priority where sprinklers have visible corrosion around the water seal or where an enforcement authority has ordered replacement.

Picture by Hines VAMC Police - Mattress from foot of bed

The center sprinkler is the inferior/flawed sprinkler, other two are OK.

Pictures by John Crowley
inspect. He also wanted to go and look at dampers using this inventory or print. We did this and he asked several questions about how we documented the program and what we did at each damper when we conducted the inspection.

Statement of Conditions (SOC): One area that I am told is a JCAHO Environment of Care “hot spot” is a new requirement expected to come out later this year that will mandate that hospitals track the competency of the people who complete the SOC. At our hospital, we have used the same outside consultant for this inspection and for our last inspection three years ago. The inspector inquired as to what their qualifications were and why, if we had them the last time, we still had items noted on the current SOC. We discussed the qualifications of the individual inspector as well as the company used. He seemed satisfied with our documentation. With respect to the items noted on the most recent SOC, he seemed satisfied after we looked into several of the citations and the Plan for Improvement. I got the impression that he would have liked to spend more time on this item.

He also checked on whether the hospital used interim life safety measures (ILSM) when there is a Life Safety Code deficiency noted in the SOC’s Plan for Improvement. I showed him our policy on ILSM which includes providing ILSM if deficiencies rise to that level after analysis. While he seemed to understand that we would apply an ILSM if one were indicated and that we did have a policy in place to address this issue, he did include this as a Supplemental Recommendation (not affecting our score).

Fire Drills: The inspector did not feel we had enough weekend drills documented. This he also noted as a Supplemental Recommendation even though we demonstrated that we met the stated requirements of the Life Safety Code with respect to the required number of drills per shift and per quarter. In addition, we had several false alarms on the weekends and the Security reports documented the response and attendance. Once again, he stated this would not affect our “score.”

The information I noted as “hot spots” during the JCAHO surveyor training was relayed to me by our consultant. It seemed that since these items were fresh in the inspector’s mind, this is where he concentrated.

During the building tour we went down through all the floors (no roof inspection since it was in the teens and windy all that week). Stops were made in Dietary (asking about fire procedures), Boiler Room, and the Generator/Switchgear area. As we walked the corridors, he would stop staff and ask questions primarily about fire safety and “what is your role during a fire alarm if you are not in your work area?” Several cross-corridor fire doors were checked for closing and latching and he paid particular attention to the exit signs. He also made it a point to check exit discharge areas and questioned the lighting at the exit discharge being on emergency power. He made particular note of the signage designating level of exit discharge and checked on locking of any stairwell doors. There were no deficiencies noted in any areas or involving any items inspected during the tour. He did not check above any ceilings for penetrations (although I am sure he was keeping an eye open when we were checking fire dampers).

The Environment of Care document review lasted about ninety minutes and was typical of previous reviews. All seven Management Plans were reviewed with emphasis on Life Safety and Equipment Management. The inspector did want to see the logs for generator testing and fire alarm testing, looking for items noted as needing correction. For example, one fire pump test noted a leaking valve and he wanted to see the corrective action (competed work order).

All in all, I did not find this inspection substantially any different than I had experienced in the past. I would suggest anyone preparing for an inspection in the near future to keep the “hot spots” noted above in mind.

Editor’s note: Readers who wish to contact the author of this article should send an e-mail to Newsletter Publisher Deborah Sullivan, debbiesull@ncrr.com

Advocacy Really Does Work! NFPA Proposal for Annual Testing of Smoke and Smoke Dampers is Defeated - ASHE Member Data Credited for the Reversal

The NFPA 90A Committee proposal to increase testing of dampers from every four years to annual testing was defeated in the January 2005 vote by the technical committee.

This stunning reversal (the proposal had originally been accepted by a vote of 20-2) was a direct result of the comments with data submitted by 753 ASHE members. In rendering this decision the committee stated: “The committee appreciates the damper reliability data gathered by the healthcare industry during the comment period” and “Data provided by the healthcare industry indicated the reliability of dampers when properly installed”. In addition to rejecting the proposal, the committee approved language allowing testing every six years based on specific conditions.

For the complete story, and to identify the 753 members who were directly responsible for this result, go to http://www.ashe.org/ashecodes/advisories/index.html# Advisories and Alerts.

News courtesy of ASHE*E*Flash Tuesday February 8, 2005

NFPA 13 is Being Misinterpreted

There have been reports recently of surveys dictating that storage along walls must maintain 18” clearance below the plane of sprinkler deflectors. You are encouraged to file away this article for survey-time reference to NFPA 13, Installation of Sprinkler Systems (2002 edition), which reads as follows:

8.6 Standard Pendent and Upright Spray Sprinklers...
8.6.6* Clearance to Storage (Standard Pendant and Upright Spray Sprinklers) .........

A.8.6.6 (Appendix Note) The 18-in. (457-mm) dimension is not intended to limit the height of shelving on a wall or shelving against a wall in accordance with 8.6.6. Where shelving is installed on a wall and is not directly below sprinklers, the shelves, including storage thereon, can extend above the level of the plane located 18 in. (457 mm) below ceiling sprinkler deflectors. Shelving, and any storage thereon, directly below the sprinklers cannot extend above a plane located 18 in. (457 mm) below the ceiling sprinkler deflectors.

Italics note added.

This same criteria is adopted in 5.2.1.2* and A.5.2.1.2 of NFPA 25, Inspection, Testing and Maintenance of Water-Based Fire Protection Systems (2002 edition) by reference back to NFPA 13, cited above. If this leaves questions on this subject, please write or call me: Robert J. Thompson, PE, CSHM, NEHES Liaison to JCAHO, The Thompson Group, bobatlg@comcast.net (978)887-6701.
The Disastrous Effects of Deferring Maintenance

By David Tod Geaslin
The Geaslin Group
Gonzales, TX

When we attempt to force maintenance spending into specific lumps of time that do not meet the needs of our machines, we create the need to defer maintenance. Maintenance budgets fail because final budgeting authorities do not understand the disastrous consequences of deferring maintenance.

In 2001, I was asked to create a 16-week college course in the management of maintenance. During the creation, I made four significant new discoveries concerning the financial management of maintenance and created rules to cover them.

1. The "Inverse-Square Rule for Deferred Maintenance"
2. The "Effects of The Chaos Theory on Budgeting Maintenance" Rule
3. The "Cost to Improve Maintenance" Rule
4. "The Necessity for a Corporate Memory for Maintenance" Rule

These rules explain (1) why maintenance budgets fail to perform, (2) the trigger that initiates failure, (3) a self-financing solution to improve maintenance without having to inject cash to improve the quality and quantity of maintenance, and (4) what has to be done to sustain proper maintenance funding.

In this article, I will discuss the first rule. In my quest to quantify the relationship between pre-breakdown and post-breakdown maintenance expenses, I made a discovery that can create a paradigm shift in how we manage maintenance.

We all know the longer we operate a machine that needs repair, the more it will cost to fix it. The people I know that are in upper management that have not been directly involved in maintenance know it will cost more, but think that the worst-case penalty for deferring maintenance might be up to twice as much.

Those of us who have had many years of direct experience in managing maintenance have tried to tell them that the penalty is significantly more than that. I personally felt that the cost of deferring maintenance was three to four times as much as a timely repair. What I discovered in my research is that the penalty for deferring maintenance is not more, not twice as much, not four times as much, but that the real penalty for deferring maintenance that becomes a breakdown event is 15:1 minimum and often exceeds 40:1!

This shocker came to me when I attempted to find a metric that would explain the before and after breakdown cost difference. I had to go to an exponential factor! Arithmetic and geometric progressions could not consistently produce the dramatic cost differences. When I realized that the cost penalty was exponential I was able to find the base number.

I created a rule that I call Geaslin's "Inverse-Square Rule for Deferred Maintenance." This rule states:

"If a part is known to be failing and the repair is deferred and allowed to remain in service until the next level of failure, the resultant expense will be the square of the failed part."

This is why a $40 brake shoe left in service until the brake shoe rivets damage the brake drum, the drum ruins the core value of the shoes, the truck breaks down on the road, a second truck and driver has to be dispatched, the load transferred, and one driver dead-head back with the tow truck results in an expense of the square of $40 ($40X$40=$1,600) and becomes $1,600. If the brake problem causes a personal injury accident the cost can easily square again to $2.5 million.

This rule explains how a leaking $50 toilet valve, if left in service until it overflows, can easily cost the square of $50 to create a total flood damage cost of $2,500 in carpet, pad, electrical, and document destruction.

This is why a failing industrial electric motor bearing valued at $100 can create a $10,000 repair if left in service until failure and the rotor wipes out the windings and damages the stator.

This rule explains how deferring a $1,000 cleaning of a heat exchanger can easily create a $1,000,000 expense in corrupted product, re-refining, packaging, and shipping costs.

My students were not quick to accept that the penalty could be the square of the failed part. "It couldn't be the square. Squared numbers get too big too fast," they said.

So I challenged them to take their last maintenance event invoice that was so stinky that it ended up on the boss's desk; add in all the collateral damages such as idled worker salaries, quality control events, ruined materials, customer dissatisfaction, and lost production or profits and put that number in their calculator; and click the SQRT button (The square-root button).

I asked them to see if the number they get is the cost of the primary failure part, the part that if repaired early would have prevented the breakdown expense. Everybody was amazed at how close the answer came to the purchase price of the primary failure (Root-cause) part.

(To Codes Page 5)
Updates from ASHE Region 1 Director

By Ron Vachon
Director of Facilities Management
St. Andrews Hospital and Healthcare
Boothbay Harbor, ME, ASHE Region 1 Director, NEHES President Elect

The ASHE Board of Directors' orientation and committee meeting in San Diego on January 19-22 was a nice welcome to ASHE Director-level work. My return flight was delayed due to a blizzard so I had to stay an extra day and was fortunate to attend a planning meeting for educational program review of Healthcare Contractor Certificate Module 2, a more advanced version of the current program offered. It is interesting to see how this program has taken off and how well the faculty has worked to pull this "200" level course together. Much credit needs to be given to staff and faculty for the great efforts by this group. It's amazing how much work was done in such a tight time frame.

ASHE is looking at a new education delivery method. Based on feedback from evaluation forms, some attendees felt information in many of ASHE's educational programs was too basic, yet when ASHE tried to deliver more than basic level courses, people were also held back by other attendees who did not fully understand the basic language (i.e., even the acronyms are an obstruction to learning if you do not understand them). ASHE is responding by offering web-based modules to provide familiarity with the basics. As a prerequisite to intermediate level programs, the attendee will have had to go through a basics module. For example, in the future, if you want to take the healthcare construction certificate program, you would first take a module on your computer at your own pace. This pre-training would give the student time to research and gather information and has no time limit to complete. It has been hard to talk about details of an ICRA (Infection Control Risk Assessment) or certain CDC (Center for Disease Control) requirements when the student does not have any experience/exposure to these issues. With this, we will be able to further the knowledge base and raise the level of the facility manager profession. ASHE examined several software programs before choosing one to provide the computer-based module, and has hired an IT person to implement the program. They also look toward the web-based solution to offer more advanced programs.

Codes and standards: Recognizing the critical importance of these areas, ASHE plans to hire two new staff members to concentrate on Codes and Standards advocacy and educational programming.

Education programs: ASHE plans to deliver 45 education programs in 2005; 12 of these are Healthcare Contractor Certificate Courses Basic Level, 4 are Healthcare Contractor Certificate Module 2. I am trying to get ASHE to bring some of these programs to the Northeast. It would be good to promote NEHES during these sessions and look to these attendees as potential active and supporting members.

Conferences: Click on http://www.ashe.org/ashes/index.jsp then on Conferences and Seminars for a complete list of ASHE annual conferences for 2005 and beyond. The 2005 International Conference and Exhibition on Health Facility Planning, Design and Construction is March 7-9 in Nashville. The 2004 PDC was ASHE's largest-attended event ever. The 2006 PDC is set for February 26-31, 2006 in San Diego. ASHE's 42nd Annual Conference and Technical Exhibition is July 10-13, 2005 in Anaheim, CA. Of special interest to NEHES members: the 43rd Annual Conference comes to Boston July 9-12, 2006 at Hynes Veteran Memorial Center. NEHES will interface with the annual conference. We are looking for volunteers to assist in this effort. NEHES will also plan its own 2006 Fall Conference since members surveyed wanted the program to be held as usual.

JCAHO surveyors training: ASHE has a new program to help train surveyors; the first group went through the program in

Pull Out Old Invoices and Test the Square Root Rule

(From Codes Page 4)

Then we computed the total invoice cost for parts and labor to have repaired the primary failure part at the earliest moment discovered and divided it into the total stinky maintenance event cost. This ratio turned out to be a minimum of 15:1 and often exceeded 40:1.

At this point I began to understand why final budgeting authorities have always seemed willing to take the breakdown risks associated with deferring maintenance. Their Risk/Reward Ratio Analysis computations have been based on taking their Maintenance Manager's worst-case scenario of about 4:1, discounting it to a ratio of about 2:1, and then basing their budgeting decisions on that risk factor. My new discoveries show that the real Risk/Reward Ratio is between 15:1 and 40:1 and the consequences of betting that a breakdown will not occur are much more disastrous than ever thought. No one would ever take those odds at a craps table.

When I explain this rule to Maintenance Managers, they embrace the analysis immediately because it explains what they see in the field everyday.

When I explain this rule to Executive and Budget Managers, they recognize it as a metric they can use to create a new matrix for budgeting and managing maintenance to a lower cost value. The application of this new rule creates one of the few Win/Win situations between the Maintenance Department and final budgeting authorities that gives each what they need to succeed.

The application of this rule can be as important to managing maintenance as The Deming Method is to quality control. The application to maintenance budgeting is that powerful. If you wish to test this rule, pull that big maintenance invoice out of your inbox, add in the maintenance, operational, and customer collateral expenses, take the square-root of the total, and see if that is the price of the primary failure part. Discuss the results with your staff.

If you see the relationship, it can offer a better way to manage maintenance budgets. More detail is available on my web site at www.ManagingMaintenance.com.

David Geaslin is a graduate of The University of Texas at Austin with a degree in Industrial Management and Marketing, a former Marine Corps aviator and aircraft maintenance officer, and the CEO of his maintenance service company for 15 years. He has offered coaching and seminars in the management of maintenance since 1990. He is also the course content creator and instructor for Texas A&M University's Texas Engineering Extension Service (TEEX) Managing Maintenance Program.
Visit ASHE Website to See its New Look

(From Codes Page 5)

December. I have been getting calls from Region 1 members asking what the program is all about. The program provides the same core of knowledge that most healthcare facility managers have. The program was that some inspectors focused on the wrong issues, not on program level issues. Over the past few years, HCFA, and now CMS, inspections have found problems that JCAHO had missed. The integrity of JCAHO was being challenged. JCAHO sent their Statement of Conditions inspectors to ASHE for a programmed one-time educational session. There were 375 JCAHO surveyors in attendance (the course would be too basic for the typical Facility Manager). This course is not teaching JCAHO how to catch you if you're doing something wrong, it's just teaching the surveyors the basics, to give them a better perspective and sense of focus on real issues -- not counting cigarette butts. We want them to work with us. The information they need is probably more critical to programs; for example, what best practices are. Members who have recently undergone JCAHO inspections report seeing little difference in the process compared to their last inspections. "There were a few new inspectors, some trying to show what they learned from the recent ASHE training," one member said. Another member said this training made the processes better from his perspective. "They are more knowledgeable of NFPA 101 issues, looking at things more consistently and with a better knowledge base. We don't have to waste a lot of time defending ourselves on frivolous issues. They really looked at doors testing to see that all fire and smoke doors would latch. They also asked staff a lot of questions about storage areas, etc." One facility manager stated that the inspectors checked with the hospital's Pharmacy Director to learn what the plan was for complying with the 797 standard. Fortunately, the facility has had several meetings and has submitted some resources to come up to compliance with the standard. The inspectors also concentrated on medication safety. They checked medication rooms and cabinets, and observed the security in these areas and how expired medications are handled.

NEHES members involved with ASHE:
Steve Cutter, CHFM (Dartmouth-Hitchcock Medical Center) is on the faculty list for ASHE education programs and is serving on two ASHE committees, Education and Facilities Operations. I (Ron Vachon) am serving on Facilities Operations, Education, and the Healthcare Construction Certification program committee (reporting to the Education Committee of the ASHE Board), Don Garrison (Franklin Community Health Network) is serving on Advocacy and on Facilities Construction.

New look for the ASHE website: ASHE introduced a new website recently. Be sure to visit www.ashe.org and see all the changes being made to the site. ASHE is hiring a computer person to assist with the management of the website since there have been so many concerns with the website in the past.

Joint ASHE/NEHES membership pilot program will end: ASHE will no longer continue its Joint Membership Pilot (ASHE/Local Chapter) Program. ASHE discovered that their internal computer systems were not automatically able to share membership data with AHA's systems. We were in hopes that this program would help our membership grow. ASHE has decided that the time and effort required to physically enter each joint member transaction demanded far more resources than anticipated. ASHE may revisit the program in the future as they update systems that would make the process more efficient. Because the program will cease on December 31, 2005, members are encouraged to send separate membership checks to ASHE and NEHES.

Regional Leader Award Submission – A committee of past recipients of this Region 1 leadership award has reviewed candidates and forwarded its recommendation for the Regional Leadership award. The candidate nominated was a NEHES member, and the person's name will be released upon final approval by ASHE.

Contact Ron: rvachon@standrewshealthcare.org (207)633-1908

With the continuing proliferation of information available, it is nearly impossible to sort it out and to keep up to date on it all. The following "Briefs" will alert you to some articles of interest for which copies are offered to those who might need more information on these topics. You are invited to request a copy by phone or by e-mail with your mailing and fax address:

Bob Thompson, P.E., CSHM
NEHES Liaison for JCAHO
The Thompson Group,
Fire and Life Safety Consulting
(978) 887-6701, bobattg@comcast.net

From ASHE


"Integrating Patient Safety in Your Environment of Care Safety Committee" includes a model checklist for Medical Records Review, Questions for Staff, and interview with a patient or relative. Further information is volunteered by contacting the author. Read about it in the January-February 2005 edition of Inside ASHE.


"Hazard Communication Update," an article in the July-August 2004 edition of Inside ASHE reports on OSHA's March 16, 2004 announcement of a new initiative to focus attention on hazard communication in workplaces. The Hazard Communication Standard was first adopted 20 years ago, and covers about 650,000 hazardous chemical products and more than 30 million workers, including health care staff.

In the March-April 2004 edition of Inside ASHE, Susan McLaughlin addresses "JCAHO & Other Regulatory Issues in Long Term Care." Does your organization provide long term care?

"An Effective Building Maintenance Program" is discussed in the March-April 2003 edition of Inside ASHE. You might find this useful as you implement this method of controlling the condition of your fire and life safety features, as well as minimizing exposure to Authority Having Jurisdiction citations.

ASH*E Flash can be accessed weekly by ASHE members for "hot" news items in and about healthcare. If you aren't signed up for this access, call (312)422-3715.
The New England Healthcare Engineers' Society is a nonprofit organization that is dedicated to the promotion and mutual exchange of ideas, technical assistance and experiences in the field of healthcare engineering.

We cordially invite you to join us at the 2005 NEHES Spring Seminar which will be held on Friday, March 25th at the Sheraton Four-Points Hotel & Conference Center at the junction of Routes 2 and 12 in Leominster, Massachusetts.

ASHE Continuing Education Units [CEUs]: 0.55

HOST CHAPTER

The Speakers

Dean T. Kashiwagi, Ph.D., P.E. is the Director of the Performance Based Studies Research Group at Arizona State University. He is a leading expert and researcher in performance and Information-based 'best value' procurement systems, the measurement of information, industry stability and sustainability, supply chain management and outsourcing theory.

Richard G. Turlington, Jr., AIA is the immediate past President of the Connecticut Chapter of AIA with over 24 years experience in the field of architecture. He has been responsible for many award-winning design projects and is currently Commissioner for the AIA Ethics Committee.

Christopher Burney, CPE is presently the Director of Engineering at Hartford Hospital in Hartford, CT and has served on the AIA Guidelines Committee for the last six years. He has over 39 years of experience in the design, construction and Operation of facilities, the last 20 of which has been in healthcare.

Robert Loranger, P.E., CHFM is the Director of Facilities at Tufts-New England Medical Center in Boston, MA and is a past president of both the American Society for Healthcare Engineering and the New England Healthcare Engineers' Society. He is also currently serving on the AIA Steering Committee.

Eric J. Oliner, AIA, ACHA has over 25 years of experience in planning, design and construction, focusing exclusively on healthcare facilities for the last 10 years. He worked at Hartford Hospital as Director of Facilities Planning and Design for 5 years and holds Master of Architecture and MBA degrees from Yale University.

Janet Bowen is the EPA Region I Healthcare Sector Co-Lead and is well known in New England as an invaluable resource to hospitals regarding compliance with environmental regulations. She began working at EPA in the Air Program in 1991 and currently works in the Assistance and Pollution Prevention Program. She holds a BS in Chemical Engineering from UMass in Amherst.

VENDOR PARTICIPATION

You will have several opportunities during the day to meet several reputable and loyal vendors interested in providing products and services to your facility – please visit their booths. They are vital to the success of our educational efforts.

Agenda

7:30 Registration
Continental Breakfast

8:00 Dean T. Kashiwagi, Ph.D., P.E.
Six Sigma Concepts in the Delivery of Construction Performance

9:30 Break
Visit Vendors

10:00 Six Sigma Concepts [con't.]

11:00 Richard Turlington, AIA, Moderator
Christopher Burney, CPE, Panelist
Robert Loranger, PE, Panelist
Eric Oliner, AIA, Panelist

12:00 Lunch
Visit Vendors

1:00 AIA Guidelines [con't.]

2:00 Break
Visit Vendors

2:30 Janet Bowen
EPA Compliance Assistance for the Healthcare Industry

3:30 NEHES Board Update and Adjournment
REGISTRATION FORM
NEHES 2005 Spring Seminar

NAME ____________________________ TITLE ____________________________

ORGANIZATION ______________________ EMAIL _______________________

PHONE [___] _______ FAX [___] _______ NEHES Member? ___Yes ___No*

Payment: (COST: NEHES Members - $135.00, Nonmembers - $160.00)

*If you are not a NEHES Member but wish to apply the extra $25 fee for Nonmember registration toward a NEHES membership and meet membership qualifications, please fill out a membership application form and submit at the registration desk.

___Check Enclosed, make payable to NEHES and mail to: Mark C. English
___Charge my: ___Visa ___Mastercard

Name on Card: _______________________________________________________
Card Number: _______________________________________________________
Expiration Date: _____________________________________________________

Signature: __________________________________________________________________________

25 March 2005
Leominster, MA

New England Healthcare Engineers' Society

Proudly Presents
The 2005 Spring Seminar

→Six Sigma Concepts
→AIA Guideline Changes
→EPA Initiatives

Hartford Hospital Engineering
80 Seymour Street P.O. Box 5037
Hartford, Connecticut 06102-5037
The New England Healthcare Engineers’ Society (NEHES) was organized to promote excellence in the physical management of healthcare facilities and to achieve optimum safety and comfort for patients. One of the ways we accomplish this goal is to conduct semi-annual learning seminars. This year our Spring Seminar, coordinated by the Connecticut Healthcare Engineers’ Society (CHES) will be held Friday March 25th at the Sheraton Four-Points Hotel and Conference Center in Leominster, MA.

We are inviting your organization as professionals related to our field to share with and support us in this valuable educational event. Some of the ways your organization can help are:

1. Host a booth showing what you have to offer. Exhibit times will be during registration, breaks, and lunch with the engineers. There are only 14 booths available at this seminar on a first paid basis.
2. If your organization is unable to attend the seminar, you may wish to sponsor part of the cost of either the breaks or lunch. We will post your company’s name at the lunch tables.

The fee for a booth is $750 or sponsoring the break or lunch is $500. The 100-125 engineers who will be attending will appreciate your support. Please return the application below to Steve A Jalowiec, P.E., Waterbury Hospital, 64 Robbins Street, Waterbury, CT 06721, (203 573-7197); or Fred Leffingwell, L&M Hospital, 365 Montauk Ave, New London, CT 06320, (860) 442-0711.

We look forward to hearing from you as soon as possible.

Sincerely,

Steve Jalowiec, P.E.

Company Name: ___________________________ Contact Person: ___________________________

Address: ___________________________ Phone #: ___________________________

City/Zip: ___________________________ Booth: ________ Sponsor: ___________________________

Make checks payable to NEHES
NEHES Engineer of the Year Award
Nomination Form

Name and Title of Nominee: ____________________________________________
Facility: _______________________________________________________________________
Phone, e-mail: _____________________________________________________________________

Reasons for nomination:

• Contributions to NEHES in 2004
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

• Contributions, exemplary performance in healthcare engineering on a local, state, or national level
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

• Service to fellow healthcare engineers
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

• Other specific achievement(s) and / or honors, awards relevant to this nomination
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name of Nominator: ____________________________ Phone ___________________________
E-mail ____________________________

Return or Fax to: Eugene A. Cable, P.E.
NEHES
Safety and Fire Protection Engineer (10N2F)
Department of Veterans Affairs, Network 2
P.O. Box 8980
Albany, N.Y. 12208
Eugene.Cable@med.va.gov
Phone: (518) 626-5551
Fax: (518) 626-5556

Thank you for taking the time to nominate a colleague for this important award.
NEHES Engineer-of-the-Year Award

Suggested Selection Criteria

1. Over the nominee’s career (and particularly 2004), the candidate has displayed commendable leadership qualities.

2. Over the nominee’s career (and particularly 2004), the candidate has ably represented the interests of the New England Healthcare Engineers and the healthcare engineering profession.

3. The candidate has provided technical and/or professional assistance to other healthcare engineers.

4. During the previous year(s), the candidate has published article(s) or technical document(s).

5. Within the preceding 12 months, the candidate has received professional recognition, met the requirements for an academic degree and/or achieved professional certification within an engineering related discipline.

6. The candidate has made significant contributions within the healthcare engineering field.

7. The candidate has shared programs or other information with fellow engineers that has helped them improve the overall effectiveness of their operations.

8. The candidate displays high levels of integrity and professionalism.

9. During 2004 the candidate has devoted significant amounts of time to a project which has brought positive (outside) recognition to the Society and its members.

10. This candidate has served on a Committee (State/Local Engineering Society, NEHES, ASHE, NFPA, ASHRAE, ASME, AIPE, etc.) and has contributed to the overall improvement of the membership.

11. The candidate has contributed to both the cohesiveness and organization of the Society and has promoted cooperation between members.

12. The candidate has hosted meetings and/or organized educational programs.

After you read this page, please TURN it OVER and NOMINATE a candidate!